



THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

PLEASE SUBMIT APPLICATION TO:
50 MAPLE STREET . MILFORD, MASSACHUSETTS 01757

ATTESTATION FOR CERTIFICATE OF CLEARANCE

This application must be completed by an S-licensee for each person employed by them.

Please check ☐ **NEW** ☐ **Renewal**

Date: _____

- A non-refundable check made out to the Commonwealth of Massachusetts for \$50.00
- A legible copy of a government issued identification (ex.: driver's license) bearing the employee's photograph and signature.

PART I. Employee Information:

Full Name _____ Social Security # _____

Home address _____
(Street) (City/Town) (State) (Zip Code)

Daytime Telephone No. _____ E-mail address _____

Name of Employer _____ Telephone No. _____

Employer's Address _____
(Street) (City/Town) (State) (Zip Code)

Employee's job title and responsibilities _____

Date of Birth _____ Place of Birth _____

Mother's Full Maiden Name _____ Place of Birth _____

Father's Full True Name _____ Place of Birth _____

Please list the names and addresses of all of the applicant's employers for the three years preceding the date of this application. (Please attach a list if applicable)

Please list any professional licenses held by the employee. (Please attach a list if applicable)

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION (MASSACHUSETTS RESIDENTS ONLY)

My signature below authorizes the Department of Public Safety to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature

[] (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian
Korean	Polish	Portuguese	Russian	Spanish
Tagalog	Vietnamese	Other _____		

I hereby attest under the pains and penalties of perjury that the above information was provided to me by the employee. To the best of my knowledge, all provided information is accurate.

Signature of S-License holder S-license number expiration date of license

I hereby attest under the pains and penalties of perjury that the above information is accurate.

Signature of employee

PART II. Criminal Background Check Report:

Have you completed a criminal background check on this employee in the past 30 days?

☐ Yes

☐ No, the following information was obtained from a criminal record report received on the following date _____

Has the employee disputed the results of the criminal background check?

☐ Yes

☐ No

If you answered “yes” to the previous question, please explain the dispute.

(You may attach an explanation if necessary).

According to the criminal background check, the employee:

☐ Has no record

☐ Has been convicted of at least one misdemeanor

☐ Has been convicted of at least one felony

☐ Has no convictions, but has cases pending/open cases

** Please review the Department of Public Safety’s “S-License Crimes Classification Chart” to determine whether a crime is a misdemeanor or a felony. The chart can be viewed on the S-License link of the DPS website (www.mass.gov/dps). If you are unable to locate a particular crime on the chart, please contact the Department of Public Safety.

If the applicant has been convicted of a misdemeanor, please indicate whether the misdemeanor(s) is a crime of moral turpitude.

☐ No, the applicant has not been convicted of a crime of moral turpitude.

☐ Yes, the applicant has been convicted of a crime of moral turpitude (please indicate the crime(s))

** Please review the Department of Public Safety’s Criminal Classification Chart for each misdemeanor to determine whether the misdemeanor constitutes a crime of moral turpitude.

If the applicant has been convicted of a felony or crime of moral turpitude, a letter explaining the circumstances surrounding the conviction may be attached to this application. The Commissioner will consider reasonable explanations in determining whether to issue a Certificate of Clearance. Please also attach a copy of the individual’s criminal record and any other supporting documentation the applicant wishes to be considered.

I hereby attest under the pains and penalties of perjury that to the best of my knowledge, the above information relative to the criminal background check is true and complete.

Signature of S-license holder

S-License number

Date